STATE TITLE V BLOCK GRANT NARRATIVE
STATE: MH
APPLICATION YEAR: 2006

I. GENERAL REQUIREMENTS

A. LETTER OF TRANSMITTAL

The Letter of Transmittal is to be provided as an attachment to this section.

B. FACE SHEET

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. ASSURANCES AND CERTIFICATIONS

D. TABLE OF CONTENTS

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

E. PUBLIC INPUT

A public meeting to review the draft application was held on March 16, 2005, in the Outer Islands Despensary class room at the Ministry of Health. Frequesnt announcements on the government radio station had invited members of the public to attend this review session(this was done one the daily radio basis) . Many of the other government agencies that work in conjuction with the MCH/CSHCN program were represented at the meeting, including school teachers, parents and families of CSHCN. Copies of outlines on the national/state performances and other issues concerning the application were distributed to everyone in attendance. A detailed discussion of the needs assessment was followed by a summary of the activities planned for the project. Of the many topics discussed, particular attention was given to the problem of inconsistency meetings for the Inter-Agency on CSHCN , inadequate prenatal care during the first trimester of pregnancy and to the widespread phenomenon of teenage pregnancy. The particptants recommended that there should be a state workshop for patents and families of CSHCN, and that should also include, representatives from the community, schools, both private and public shcools, public and other agecies that provide services for the MCH population, including CSHCN. Results from the public input would be to strengthen the outrearh activities and to focus more on community involvement.

II. NEEDS ASSESSMENT

In application year 2006, the Needs Assessment must be provided as an attachment to this section.

III. STATE OVERVIEW

A. OVERVIEW

In the fifty years since the end of World War II. two principle trends have occurred in the popualtion of the Marshall Islands: rapid growth and continuing urbanization. The Marshall Islands has a very young growth and growth population. Whilde somewhat more than 30% of the Marshallese people live in a semi-subsistence mode in the rural atolls and islands of the nation, the majority of the populaion in the two population centers at Majuro and Ebeye.

The Republic of the Marshall Islands is situated in the Ceteral Pacific Ocean between 4 degrees and 14 degrees North and 160 degrees and 173 degrees East in almost two parallel chains of 31 Atolls and Islands. The Eastern Ratak (Sunrise) with 15 Atolls and Islands and the Western Ralik (Sunset) having 16 Atolls and Islands. The total number of islands and islets is about 1,225.

Each atoll consists of a ring of islets encircling a deep water lagoon. The islaets are inerconnected and surrounded by a coral reef. None of these low-lying land areas have an elevation greater htan ten feet above sea level. Two of the atolls--Majuro and Kwajalein--have become crowded urban centers. while the outer atolls remain rural in character and are known as "outer islands."

Majuro Atoll is the most highly developed area in the nation and has several high schools, a community college, an 80 bed hospital and a developing infrastructure of electirical distribution, freash water reservoirs and sewerage disposal. The atoll is thirty miles long. The widest islet measures about half a mile from ocean to lagoon. As the national capital, Majuro is home to an expanding population, estimated to be 61,215 at projected population 2004, and is the site of most public, commercial and industrial development. With a land area of 3.75 square miles, Majro Atoll has a populaiton density of 29,488. Much of the population is crowded into the " downtown" administrative and commercial center at the eastern end of the atoll.

Ebeye, a small island within Kwajalein Atoll, is the only other urban center in the Marshall Islands. The urbanizatrion of Ebeye commenced in the late 1940s with the department of Defence, with the relocation of Marshallese people from northern atolls tha twere affected by the US Nuclear Testing Program (1946-1958) and with 1964 opening of the Kwajalein missile testing range by the US Army. With commencement of the missile tesing program, families living in the central area of Kwajalein Atoll --known as the Mid-Atoll Corrideor--were relocated to Ebeye. In addition to its high birth rate, the population of Ebeye continued to grow over the years as people from throughout the Marshall Islands (and elsewhere in Micronesia/other contries) were attracted to job opportunities at the nearby military base. On Ebeye Island, more that 11,000 people reside on a land area of .12 square mile. Housin gis substandard and extremely crowded. Whild a new 38 bed hospital, currently opened that replace a delapidted older facitlity, healt problems are numerous and may beattributed, in part, to overcrowding and an inadequate warer supply. Kwajalein Atoll is the largest atoll in the world, with a lagoon area of 839.3 squares miles. The total land area of the Kwajalein islets comes to 6.33 square miles.

The rural outer islands comprise the remainder of the Marshall Islands/ Scattered over great expanses of the Paicific Ocean, population in separate communities range from 50 to 800 persons. The outer islands constitute a diminishing proprotion of the polulation of thenation. With few exceptions, between noncontiguous islets of an atoll can only be taken by canoe or motorboat/ Meals are cooked on open fires or single-burner kerosene stoves. The government field trip ships travel to each outer island every two ot three months bringing passengers, medical and education supplies and trade goods. Income for residents of the outer atolls is generated primary from the sale of copra (dried coconut) and handicrafts.

In the oute rislands, medical care is available at dispensaries staffed by health assistants who maintain radio contact with the Majuro or Ebeye hospitals for instruction and guidance. Other than a public school on Jaluit Atoll, another public school completed at Wotje Atoll and a private, church-affiliated high school at Ailinlaplap Atoll. there are no secondary education facilities in the oute islands.

Each of the twenty-four inhabited outer islands has an airstrip. Several of the lager atolls have more than one airstrips. Emergency medical evaluation are accomplished by small and lager aircraft or, at islands where the airstrips have been closed ofr repair, by field trip ship. Medical evacuation by aie can only take place by daylight since the outer island airstrips do not have landing lights. Medial evacuation by ship to the hospitals in Majuro or Ebeye can take as long as two days, depending upon distance and sea conditions. Patients in the outer islands requiring specialized care not available at Majuro or Ebeye would be routed through Majuro or Ebeye before referral to Honolulu.The outer island dispesaries and the hospitals at Majuro and Ebeye are owned and operated by the RMI Ministry of Health. There are no private health care providers in the Marshall Islands.

Prople travel from Majuro and Ebeye to the outer atolls on a 24-seater Dornier managed the Air Marshall Islands an don government-owned field trip ships that commute betwee atolls once a month. A small boat that is highly depedent on fuel supplies, available, people walk during low tides on the esposed coral reefs between the islands in order to reach the airstrips.

The total population of the Marshall Islands is estimated at 63,579. More that 50% of the population is under 15 years of age. The average grwoth rate of 3.6% is the highest in the Pacific. Currently, more than 60% of the population resides in the two urban centers. The remaining 40% reside in the outer atolls. Delivery of health care services to a dispersed population in the RMI is cumbersome.

B. AGENCY CAPACITY

The Constitution of the Marshall Islands designates the Ministry of Health and Environment (MOHE) as the "state" health agency. The MOHE is the only legislative authorized agency that provides health care services to the people of the Marshall Islands.

The Bureau of Primary Health Care (PHC) is one of the five major bureaus within the Ministry of Health. It is reponsible for all preventive and primary care and the Division of Public Health is one of the five and the largest with five program areas.

The MCH/CSHCN Program is not a separate agency. It is one of the programs in Public Health. The nurses and medical staff implement all clinical, follow-up and community outreach programs for all areas in Public Health. The MCH/CSHCN Program provide health care services for mothers, children, infant,adolescents and their families in the RMI. There are currentlt 22 nurses who implement all clinical services for public health programs, seven medexes (physicial assistants), a medical director and an OB-GYN who are assigned to Public Health.
Seven (7) of the public health staff receives support salaries from the MCH Block Grant. The same seven staff (nurses, medexes/physicians) also travel to the outer atoll to implement the programs and services in Public Health.

Oral Health is being one of the MCH/CSHCN program services that receive support from the MCH program in terms of services for pregnant women and children, including the schools and all MCH population. Due to shortage of trained dental health care providers, the MCH/CSHCN program is process of hireing two additional dental assistant to assit in the MCH dental sercvices, and to expand its services into the communities.

The overall health care system in the Republic consists of two hospitals in the two "urban" centers of Majuro and Ebeye, and 57 health centers in the outer atolls. The main hospital on majuro is a 80-bed facility, and Ebeye has a 25-bed hospital. Both facilities mainly provide primary and secondary care with very limited tertary care. Patients who need tertiary care are referred to hospital in Honolulu or the Philippines. The Bureau of Primary Health Care within the Ministry of Health also offers a full range of preventive and primary care programs in the two main hospitals.

The MCH and CSHCN have been intergrated into one program. This allows for more efficient use of scarce human resources and better collaboration and coordination of services in MCH. The RMI

MCH/CSHCN program provides and coordinates the full spectrum of preventive and primary health care services for mothers, infants, children and adolescents both in the hospitals setting and the health centers. The services include prenatal and high-risk prenatal care clinics, postpartum care, and well childcare that includes immunization, high-risk pediatric clinics, school health program, coordination of family planning services, and the coordination of care for children with special health care needs.

For several years, one of the priorities of the MOH was to develop an effective health information system. The Ministry is currently hired a new Health Planner. The Ministry has received technical assistance to modify its Health Management Information System (HMIS) in order to improve its capabilities to collect and use data to improve health care services. The Ministry has established a HMIS Committee and Working Group to review all forms and other documents that will enhance the HMIS. All programs in the Ministry have already started using the revised forms for recording and reporting of data which are being collected and channeled to the Bureau of Health Planning and Statistics. Staff training on the use of the revised froms is completed.

While data and information systems have improved in the past year, this improvement has occurred primary within the urban health care settings. There is still a need to improve the data collection from the health centers int he outer atolls. The HMIS Committee has revised the recording/reporting froms, which will enable the health providers in the health centers to collect essential data and statistics. In addition to the encounter forms used by health facilities in the urban centers, a monthly form was developed to ensure that reports are regularly submittedf to the Office of Outer Islands as underreported by agencies within the Government due to inadequacy of reports submitted from the health centers. Therefore, mechanisms have been developed to improve the reporting of the number of births, deaths and encounters for all clinical and preventive services provided in the outer atolls.

The Health Management Information System (HMIS)

The HMIS is a computerized database to handle all health and health-related data in the MOH. Based on the File Maker Pro sofware, it was designed to be a user friendly and menu diven system that can be used to monitor the progress of various health program, meet the reporting requirements of US Federal Grants, WHO, and other external agencies.

The HMIS has four goals that aim to meet the information needs in the RMI. The first goal is to support the expand role of Primary Health Care. The Ministry believes that by implementing a wide range of effective and sustainable PHC programs, we can significantly reduce disease burden. Therefore data management and monitoring PHC is critical. The second goal is to provide accurate, consistent, and timely reports on the broad range of health services and programs offered by the MOH. These reports can also assist health manangers in decision making. The third goal is to provide the MOH with a wider range of information on the personnel and financial resources that are available. This will assist in the health planning for the future. The fourth goal is to ensure that the HMIS is a sustainable system that can be used to provide timely and accurate data for managers tasked with policy making decisions.

The HMIS database is divided into five modules: Medical Records, Public Health and Epidemiology, Referrals, Finance and Personnel, and Benefits, Monitoring and Evaluation (BME).

The main purpose of the Medical Records modules is to accurately record a patient's life and medical history. This information will be useful for clinical providers in treating the patients and to health service managers responsible for health planning, supervision and evaluation of health services.

1. Medical Records

The main focus of HMIS activities so far has been on the Medical Records component since it was where most of the data collected had to be consistent and able to accommodate all the curative and preventive care departments who see patients.

Therefore, a comprehensive encounter form was developed.

The Encounter Form

The Outpatient encounter form contains the patient's name, medical record number, encounter date, date of birth, age gender, atoll of residence, type of visit, and the health provider's name. A list of diseases classified by their International Classification of Diseases 9th Edition (ICD-9) codes, procedures, and referal destinations are listed in boxes for the health provider to complete.

The encounter form was originally designed for the hospital's outpatient activities. In collaboration with the HMIS Working Group, which comprised of the Secretary of MOHE, the Assistant Secretary, PHC, and various departments and programs directors, the original encounter form was modified and the name changed to "MOHE Encounter Gorm" to reflect the number of departments for which this form was redesigned. While it resembles the format of the original for, there have been numerous changes and modifications. The International Classification of Diseases,9th Edition (ICD-9) was used to standardize and classify patient findings. Sections of the form have also been rearranged to address the needs of each department.

The MOH Encounter Form is also being used in the Outer Islands and complemented with a monthly report form to be sent to majuro each month by the Health Assistants. The MOH Encounter already includes catregories related to cancer screening and treatment. Combined with the patient's medical chart, the Encounter Form will assist both the clinican and the Ministry's data management and surveilance efforts.

Public Health and Epidemiology

The Public Health and Epidemiology components do not have a starndard form (excluding those for Births and Deaths) and relies on the monthly reports sent by each department to the Planning Office. While some data can be obtained from the Planning Office, a form, which lists specific data categories, was designed for selected public health departments. This format will enhance monthly data reproting to the Planning Office and provide HMIS with the necessary information to assist in documenting vital and other health-related statistics. The data will enchance the data collected from public health and medical records. As part of the cancer screening and early detection program coordinator's duties, a monthly report will be sent to the Office of Planning and Statistics to ensure that the data is collected and appropriately disseminated.

The Referral component will be essential to determining the incurred costs for overseas referrals. Like the MOH Encounter Form, patient information will also be included. The modules primary objectives are to document the amount spent on each type of referral. The patient and financial information can be used for long term planning. Through this module, the number of cancer related referrals to tertiary hospitals in the Philippines or Honolulu and cancer related deaths that occur overseas are documented.

Finance and Personnel

The Finance and Personnel Module was designed to provide the MOHE with a system that identifies financial information available and utilized by the Ministry. A Five-Year Budjet Planning Model and Program Budget Allocation Program designed with the assistance of MOH staff is being implemented to ensure that the services we provide are sustainable.

Benefits, Monitoring, and Evaluation (BME)

The objective of the BME module is to ensure the accuracy and relaevance of the data we generate. In addition, the module is intended to provide a series of indicators to monitor and evaluate the efforts undertaken by MOH staff. We will be able to see which health programs or services have had the

most impact and which needs refinements.

Training and Professional Development

The ministry and donor agencies fund the continuing education and training of public health staff. The assistant secreatry or program directors assisgnment the personnel who attend training program. The training has been in various formats like workshops, seminars, and dertificate programs or academic programs.

Evaluation Plan

Monitoring and evaluation duties will be assigned to the individual program managers and directors and to the Bureau of Health Planning and Statistics. In the process of monitoring and evaluating the implementation of activities for the grant, the Health Management Information System is being tailored to address the needs of a database that will be flexible to collect epidemiological data that can be used as a tool for investigations and policy making decisions. Monthly reports from the various programs will provide sifnificant data on the health services being provided and the types of cases seen in the clinical and public health offices. Data such as morbidity and mortality number of cases seen involving fever, cases of diarrhea, number of chronic diseases like high blood pressure and diabetes will assist the Bureau of Health Planning and Statistics in identifying potential contributors to an outbreak. Preventive measures can then be taken to minimize the number of cases.

A formal evaluation will be done throught the HMIS's Benefits, Monitoring and Evaluation module (BME). This module will compement other evaluation and monitoring tools that may be proposed by the Ministry's technical committee. The following table lists some of the measures that will be included in the BME.

These measures were selected to assist the Secretary of Health,Assistant Secretaries, department managers, program coordinators, and the Health Planning and Statistics Bureau in developing contingency, staffing, and organizational plans to ensure that the MOH will have the means to collect and analyze data for tracking the National and Jurisdicational performance Measures.

C. ORGANIZATIONAL STRUCTURE

The Government of the Marshall Islands has a parlimaentary system. Thirty-three senators are elected to the Nitijela (congress) every four years, and from the Nitijela, a president is elected. The Presidential-appointed members of the Cabnet exercise all executive functions of the Government of the Marshall Islands. The Ministry of Health (MOH) is one of nine governmental agencies instituted under the Government of the Marshall Islands.

The head of the MOH is an elected senator and a member of the President's Cabinet.
The Minister exercises authority for health on behalf of the Cabinet, and he/she is responsible for the development of policies for the Ministry with recommendations from the Secretary of Health, on the other hand, is appointed as the "permanent" head of the Ministry. The Secretary of Health is responsible for daily management and administration of the Ministry and reports directly to the Minister of Health.

The MOE has five major Bureaus:

1. Bureau of Primary Health Crae
2. Bureau of Majuro Hospital Services
3. Bureau of Health Planning and Statistics
4. Bureau of Kwajalein Atoll Health Care Services
5. Bureau of Administration, Personnel and Finance

With the exception of the Bureau of Health Planning and Statistics that is headed by the National Health Planner, an Assistant heads each bureau. All Assistant Secretaries and the National Health Planner report directly to the Secretary of Health.

The Bureau of Primary Health Care where the MCH program and CSHCN program is based, is further divided into six divisions:

1. Division of Public Health
2. Division of Human Services
3. Division of Population, Family Health & Health Promotion
4. Division of Adolescent Health
5. Division of Outer Islands Health Centers
6. Division of Dental Services

A director who reports directly to the Assistant Secretary for Primary Health Care heads each of the divisions. In the Division of Public Health, there are four program areas in which the MCH/CSHCN program is one. The Assistant Secretary for PHC is responsible for the daily management and supervision of programs carried out under the Title V program in each of the divisions.

D. OTHER MCH CAPACITY

Twenty-two nurses in Public Health implement all the clinical and preventive services for all program areas in Public Health. These same nurses travel to the outer islands in addition to superviseing their assigned health zone in Majuro. The nurses must also work on weekends to do cold chain monitoring for vaccines stored in the Public Health clinics and to immunize all new-born babies in the Majuro Hospital with BCG and Hepaitis B vaccines when necessary. The nurses are not compensated for the times they work during weekends. Furthermore, the nurses are the only ones trained in the chold chain monitoring of the vaccines and are responsible for packing them to be sent to the outer atolls on weekends. Seven of the public health staff (nurses,medexes/physicians/dental assistants/health educatiors) receives support salaries from the MCH Block Grant. These same 7 health care providers provide the service delivery to the MCH population throughout the Republic.

E. STATE AGENCY COORDINATION

The Ministry of Health and Environment, being the only "state" agency that provides health care services in the Republic, realizes the significance of collaborating with other agencies in the implementation of services to the communities.The Ministry of Health, being the only 'state' agency that provides health care services in the Republic, realizes the significance of collaborating with other agencies in the implementation fo services to the communities.

Since the MCH/CSHCN is one of the programs in Public Health, services are effectively coordinated among the staff in Public Health, who also provides services for other program areas. The MCH/CSHCN program also coordinates with other divisions in the Bureau of Primary Health Care, such as the Mental Health Program, Alcohol & Substance Abuse Provention Program, Vocational Rehabilitation and Social Work. For community outreach purposes, MCH/CSHCN coordinates with the Health Education and Promotion Unit,the Nutrition Unit and the Family Planning Program. These services have been expanded that other programs that provide services to the MCH/CSHCN population have included.

The MCH/CSHCN coordinator is also a member of the Iner-Agency Leadership Council which coordinates with all agencies that provide services for children with special health care needs. Through a Memorandun of Understanding, the members of the Inter-Agency coordinate services for

all CSHCN and adults who have special needs. The members of the Inter-Agency Council include: Special Education Program in the Ministry of Education, Health Start Program, College of Marshall Islands, Majuro Atoll Local Government, Kwajalein Atoll Local Government, Women in Development Office in the Ministry of Inernal Affairs, and the programs in the Ministry of Health such as the Mental Health Program, Vocartional Rehabilitation and Social Work. This Iner-Agency meets on a quarterly basis.

The Core Committee in the MOH carries out coordination of community awareness on primary health care activities and programs. The MCH Coordinator chairs the Core Committee with other member from Nutrition Program, Hospital Services, Adolescent health, Health Promotion, Family Planning and the Human Services programs. All the international and national health events are coordinated by the Ministry's Core Committee in collaboration with the RMI Iner-Agency Council and the National Population Coordinating Committee. The Core Committee in the MOH carries out coordination of community awareness on primary health care activities and programs.

Some of the activities conducted during the year organizing and participating in the annual World TB Day, National Health Month that concided with World Day (Annually), Breast Feeding Week, World Diabetes Day, World Food Day, World Population Day, Immunization Week. Mothers' and Father's Day annual Seminars, World AIDS Day, and the National Week for the Disabled. The same activities also conducted during the year as our annual activities.

F. HEALTH SYSTEMS CAPACITY INDICATORS

Health Systems Capacity Indicators: #1, The rate of children hospitalized for asthma (ICD-9 Codes:493.0-493.9) per 10,000 children less than five years of age (Formely HS101): Data being provided is based on all types of children under five years of ages (RMI does not eligible for Medicaid), per 1,000 (RMI does not have 10,000) this age group.
#2, #3, #7, & #8: Under the RMI Free Association with the United States, the RMI is not eligible for these services (Medicaid, SCHIP, EPSDT, & SSI).

#4, The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck index (Formerly HS103): However, the RMI does collect data of prenant women upon prenatal entry into the prenatal clinics.

IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

A. BACKGROUND AND OVERVIEW

Based on health data collected by the MCH Program, the RMI MCH/CSHCN has selected the ten (10) prioity needs in which some of them has been selected from the last year's needs. These priority needs have been selected to improved the healh status of mothers, infants, children, youths in the RMI in all four of the services described in the pyramid.

B. STATE PRIORITIES

These are all indicators that the MCH program and services must challenge each year.

Direct Health Care Services:

B. State Priorities
Base on the Needs Assessment presented, the RMI MCH/CSHCN has selected the same priority needs mostly as last year's needs but with some additional areas of needs. These priority needs have been selected to improved the health status of mothers, infants, children, youths in the RMI in all four of the services described in the pyramid.

1. To reduce infant mortality rates.
2. To reduce the rates of teenager pregnancy.
3. To Increase the rates of prenatal visits during the first half of pregnancy.
4. To reduce neonatal mortality and morbility.
5. To increase access to preventive services for women who are at risk for cancer.
essestial data and statistics on how the Ministry can improve programs and services.
6. To reduce the rates of sexually transmitted diseases among women of child-bearing age.
coordination of services between agencies for CSHCN.
7. To strenghten the Health Information System to provide essential data to strenghten health care services focusing on preventive services.
8. To improve accessibility to the MCH/CSHCN services for children 0-21 and their families.
9. To improve preventive services for school children in dental care, immunization, and nutrition.
10. To stengthen screening programs on hearing to infants and young children.

C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0.0	0.0	0.0	0.0	0.0
Annual Indicator	NaN	NaN			
Numerator	0	0			

Denominator	0	0			
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0.0	0.0	0.0	0.0	

Notes - 2002

This National Performance Measure is not applicable to the RMI since metabolic is not performed.

a. Last Year's Accomplishments

This National Performance Measure is not applicable to the RMI since metabolic screening is not performed.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. This National Performance is not applicable to the RMI since metabolic screening is not performed.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

This National Performance Measure is not applicable to the RMI since metabolic screening is not performed.

c. Plan for the Coming Year

This National Performance Measure is not applicable to the RMI since metabolic screening is no performed. But the RMI is looking into the possibilities to develop plans for the measure. RMI will provide up date plans in the next reporting cycle,

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	15	9	9	9	9
Annual Indicator	8	8	100.0	100.0	100.0
Numerator			308	308	361
Denominator			308	308	361
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	9	9	9	9	9

Notes - 2002

Another survey will be planned for next needs assessment cycle, from the this survey results will be able to compare percentage of those who are satisified with the services they receive. NEW PERFORMANCE

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

During FY 2004, the MCH/CSHCN program conducted ten (10) more additional follow-up visits with parents and families on those CSHCN in collaboration with the public health teams and zone nurses, compared to Fy 2003 which was six (6) attitional follow visits. The Core Committee has implemented an on going list of questions for the CSHCN and their families to find out more information concerning knowledge and awareness about the MCH program in order to improve the program services. The MCH/CSHCN program continues similar activities during training and community outreach follow-up with clients and community awareness on MCH programs and activities. The MCH program has shifted from Community Health Councils to Community based to focused more on the community as a whole.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. Continues to improve its effort in coducting follow-up visits with parents and families of those CSHCN 2. Develop plans for the CSHCN and their families to learn more about the MCH programs and services. 3. Training of Communit				**X**

2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The RMI MCH/CSHCN program continues to provide medical health care services to all the MCH population throughout the Republic. Continues Screeing and referral of clients to the pediatricians or the physician on call, and an on-going collaboration with medical staff in the hospitals (both urban areas) who provide services for all infants and children in the Marshall Islands. The screening to identify and referral have been on-going during after the baby is born, well-baby, and community out reach activities,including out islands visits.

c. Plan for the Coming Year

For FY'06, the MCH/CSHCN program will continue to improve its efforts to conduct at lest 7 more additional follow-up visits with parents and families of those CSHCN. The Core Commity will contiue to develop plans as they see needed for both clients and familiey to improve their knowledge and awareness of the MCH programs and services. Similar activities will be be continued to implement for the Community rather than for the Community Health Council during the training and community outreach for close follow-up with clients and community awreness on MCH population and services.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	80.3
Numerator	100	100	100	100	290
Denominator	100	100	100	100	361
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual					

Performance Objective	100	100	100	100	100

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

This performance maintain it's level at 100%: The Ministry of Health being the "state" health agency, provides medical health care services to all residents throughout the State Hospitals on Majuro and Ebeye in the Public Health. Infant and children who have been identified were referred to the pediatricians or the physician on call who then became their primary physician for the referred cases. The MCH/CSHCN program has continued to collaborate with medical staff at the hospitals in providing health services to all infants and children. Every child in the RMI is considered as having a "medical/health home.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provides medical health care services to all the MCH popuation throughout the Republic.				
2. Identify and refer of clients to the pediatricians or the physician call.				
3. Collaborate with medical staff in the hospitals who provide health services for all infants and child.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Continues to provide medical health care services to all residents through the State Hospitals on Majuro and Ebeye in the Public Health. Infants and children who are identified are referred to the pediatricians or the physicians who is on call who then become the primary physician. The MCH/CSHCN program collaborate with medical staff in the hospitals in providing health care services to all infants and childern. The MCH/CSHCN program continues to do out reach/home visists, or on site visits to provide services needed for the cleints and families. These services include, nutrition counseling, continuity of cleints' care, evaluation of care/service, and monitoring of care/service needed.

c. Plan for the Coming Year

The MOH being the "state" health agency, provides medical health care services to all residents throughout the State Hospitals on Majuro, and Ebeye in the Public Health. Infants

and children who are identified are referred to the pediaricians or physician who is on call who will then becom the primary physicians for the referred case. The MCH/CSHCN program will contiue to collaborate with the medical staff in the hsopitals in providing health care services to all infants and children. Every child in the RMI is considered as having a "medical home/health care.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	80.3
Numerator	100	100	308	308	290
Denominator	100	100	308	308	361
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	86	90	95	95	95

Notes - 2002

The Republic of the Marshall Islands health insurance policy covers all Marshallese.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

This Performance Measure remains the same as last year. The Republic of the Marshall Islands health insurance policy covers all Marshallese. Medical services are provided to all residents from the Ministry of Health, which includes in two hospitals in the urban centers and the healh centers in the outer atolls (the MCH population is included)

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB

1. Provides medical health care services to all the MCH popuation throughout the Republic.		X		
2. Identify and refer of clients to the pediatricians or the physician call.		X		
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The RMI MCH/CSHCN provides medical health care services. This is universal healh coverage for all citizens and residents in the RMI. The RMI MCH/CSHCN continues to focus on efforts to screen all children to identify CSHCN and refer to CSHCN program.

c. Plan for the Coming Year

2006 Performance Objective: 100%
Planned Activities: There is universal health care coverage for all citizens in the RMI. The Ministry will continue to focus on efforts to screen all children in order to have children identified with special health care needs and refe them to the CSHCN program. The MCH/CSHCN program will continue to coordiante ,and collaborate with public health outreach team, zonal nurses, and other agencies providing services for these children and families to improve service delivery care for these children and their families.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0.0	0.0	100	100	100
Annual Indicator	NaN	NaN	100.0	100.0	80.3
Numerator	0	0	308	308	290
Denominator	0	0	308	308	361
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**

Annual Performance Objective	85	90	95	95	95

Notes - 2002

All families have access to services in the community to the health assistants on the outer islands, and to the two urban centers. Plan to assess the excisting services will be done in the next 5 needs assessment.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

Annual Performance Objective: 100%
Accomplsihment: The RMI does not have actual community-based system yet. However, those families report to the health workers/health assistant who is assigned to that community. Those families of CSHCN have access to information and services which are then referred to the MCH/CSHCN program. A list of questionarre was developed and implemented in order to have an idea of the program can provide assistance for these CSHCN and their families so that the service delivery would be improved.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Identify and refer of clients to the pediatricians or the physician call.		X		
2. Identify and refer of clients to the pediatricians or the physician call.		X		
3. Collaborate with medical staff in the hospitals who provide health services for all infants and child.		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The RMI MCH/CSHCN program continues to provide services and receive referral cases/reports from those families of CSHCN or the community through the health workers/health assistants assigned in that community. The MCH/CSHCN continues to provide services , such as nutrition counseling, oral hygine, etc.) for those CSHCN and families in the community.

c. Plan for the Coming Year

2006 Annual Performance Objective: 100%

Planned Activities: The RMI MCH/CSHCN program will continue to improve its services in the commmunity so that families of those children with special health care needs will have a better access to services to use them easily.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0.0	0.0	9	9	9
Annual Indicator	NaN	NaN	90.9	90.9	90.9
Numerator	0	0	280	280	280
Denominator	0	0	308	308	308
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	9	9	9	9	9

Notes - 2002

Data provided for this Performance Measure is and estinmat ion, actual data will be provided in the next report cycle with a survey result.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

Annual Performance Objective: 10%
Accomplishment: The RMI MCH/CSHCN program collaborates with the Ministry of Education in making transition of children/youth with special health care needs. The MCH/CSHCN program referred 5 children to the Special Education program in the Ministry of Education so that they could attend schools, both primary and secondary schools.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Coordinate with Ministry of Education to prepare these youth for				

further education or even get a job.		X		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The MCH/CSHCN program continues to collaborate with Spcial Education and Head Start Program to identifiy those childre/youth who need services necessary to make transition in their lives and refer to the appropriate agencies.

c. Plan for the Coming Year

2005 Performance objective: 15%
Planned Activities: The MCH/CSHCN program will continue to collaborates and coordinates with the Ministry of Education,

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	90	90	90	90	90
Annual Indicator	34.3	42.0	59.7	57.0	49.5
Numerator	4219	4222	2233	1984	1435
Denominator	12283	10053	3742	3480	2899
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	60	65	70	75	80

Notes - 2002

Immunization data system has been having problem for sometimes, but is back on, therefore,

more accurate data will be provided in the next FY reporting cycle.

a. Last Year's Accomplishments

Accomplishment: This Performance was not met. The result from the immunization campaign has shown that 93% of coverage for measles alone for the whole country. Documentations have also shown that 47.53% of children completed/received DPT4, OPV3, Hep.B3, MMR1, and BGC. This is shown that there is an improvement in the immunization coverage compare to the past which was only 42%. This has also shown that still improvement has to be made to bring up the % for our immunization fully coverage. The combination of the distances between outer islandws, migrations of families from the islands, limited storage facilities for the vaccines, and weak information in the place, have contributed to the low coverage in the outer islands.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue to do outreach activities to be able to do follow-up and up-date their immunization shorts.	X			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The zone nurses continue to do outreach in the communities, visits the outer islands to provide immunization for the children who reside on these islands/atolls, and daily immunization clinics at public health on both Majuro, and Ebeye on Kwajalein Atoll.

c. Plan for the Coming Year

2005 Annual Performance Objective: 85%
Planned Activities: The RMI will continue to intestify its immunization coverage rate during community outreach activities (zone activities), outer islands trips/visits, and the public health clinics. These nurses will continue to work closely with the health assistants in the outer islands/atolls, including the public health teams.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance	2000	2001	2002	2003	2004

Data					
Annual Performance Objective	200	175	175	150	125
Annual Indicator	193.6	182.9	165.5	162.9	167.3
Numerator	315	280	207	258	253
Denominator	1627	1531	1251	1584	1512
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	100	100	100	90	90

Notes - 2002

The age group based on the State (RMI) age breakdown is 15-19 since it is considered teenager in our culture.

Notes - 2003

For NPM #08, the RMI age group is 15-19, therefore data is reported based on the RMI age group.

a. Last Year's Accomplishments

Annual Performance Objective: No more than 175 per 1,000
Accomplishment: In the past, the data for this performance measure could not be specified since the age group in the particular category included teenagers 15 through 19. For FY'03, we were able to sort out 15 through 17 age group. Data for this performance measure has shown that 86 birth for teenagers aged 15 through 17 year, while 265 births to 15 through 19 aged group. With the improvement of HMIS, data has shown that for the aged 15 through 17, the RMI has met this performace measure.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Decrease the rate of teenager pregnancies by improving and promoting of health education

activites for youths. Improving barriers that inhibit accessibility to family planning services for youths by expanding services into the community and to the public. Conduct training for the community leaders on the issues presented in the National Population Policies. The Youth to Youth in Health provides family planning counceling at the Youth clinics in Majuro and more youth site visits to the outer atolls in collaboration with the Community.

c. Plan for the Coming Year

2005 Annual Performance Objective: No more than 150 per 1,000
Olanned Activities: The RMI will continue to focus its effort to decrease the rate of teenager pregnancies in the comming year by improving health education and promotion activities for youths, and conduct more training for community leaders on the issues presented in the National Population Policies. More activities on health promotion and family planning will target to meet the needs of youths in the RMI. The Youth to outh in Health will continue its effort to add two more youth clinics in the rural areas in the urban centers and more youth chapter in the outer atolls in collaboration with the Community.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	100	55	60	65	70
Annual Indicator	NaN	8.5	24.3	54.9	87.1
Numerator	0	857	2526	1161	1842
Denominator	0	10053	10395	2115	2115
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	80	85	85	87	90

Notes - 2004

This is an estimate for 2004. It will be adjusted in the next reporting cycle.

a. Last Year's Accomplishments

Annual Performance Objective: 95% of the proportion of 8 to 14
Accomplishment: The RMI did not meet the objective for the year. However, during the FY'03, the School Dental Health Program examined(grades 1,2,6 &7), and 70.37% of the children received sealants. This shown that there is an improvement compare to the past which was only 49%.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Outreach to provide health education to the students who are the third grade. Provide education for parents who attend clinics on issues concerning oral health.	X			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

As part of the school sealant program, staff provide dental education for the elementary schools that they visits. Oral Health services is being also provided for the schools in the outer islands/atolls during the outer islands visits.

c. Plan for the Coming Year

2005 Perforamnce Objective: 80% of the proportion of children ages 8 and 14
Planned Activities: Increase health education of oral health in the schools by using posters, educational materials on oral health. Implementation of school sealant program in the outer islands. The MCH/CSHCN will give two additional dental assistances with salaries in order to provide/expand oral health services for more school children.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	5	30	9	9
Annual Indicator	0.0	16.0	9.1	4.5	22.4
Numerator	0	5	2	1	5
Denominator	30761	31285	21859	22052	22281
Is the Data Provisional or				Final	Final

Final?					
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	9	9	9	9	9

a. Last Year's Accomplishments

Annual Performance Objective: No more than 5 per 10,000
Accomplishment: There were no documented deaths to children 1-14 due to motor vehicle crashes in 2003. While other causes of deaths such as malnutrition, pheumonia, congenital health diseases and drowing are more common. However,vehicle related accidents is still a concern considering the rising number in this age and the number of vehicles in the Marshall Islands. During FY'03, 2 deaths and four deaths in FY'02 due to other causes as stated above rather than motor vehilce crashes.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Expand the outreach health education for parents, the public on importance of safety (example, cross road)			**X**	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The RMI has been able to keep the rates of children in this age group at zero for death caused by motor vehilces for the past year. Our health education and promotion activities continue to address this issue to ensure that no deaths caused by motor crashes occur.

c. Plan for the Coming Year

2005 Annual Performance Objective: No more than 5 per 100,000
Planned Activities: The RMI will continue to provide public awareness through health education and promotion. Our health education and promotion activities will continue to address this issue to ensure that no deaths caused by motor vehicle crashes occur.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

Tracking Performance Measures *[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]*					

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	99	100	100	100	100
Annual Indicator	98.1	98.0	99.9	100.0	100.0
Numerator	900	966	989	1087	1070
Denominator	917	986	990	1087	1070
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	100	100	100	100	100

Notes - 2002

The data provided have been estemated

a. Last Year's Accomplishments

Annual Performance Objective: 95% in early postpartum
Accomplishment: The National Performance was met. The RMI has increase its percentage of mothers who breastfeed their babies upon hospitals discharge from 98% to 100%. The percent of mothers who continue to breastfeed their babies up to six months has also increased from 95% to 96.8%. This is shown that there has been improvement on health education concerning issues on breastfeeding awareness.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Educating for mothers, teenagers, and health care providers on issues concerning the advantages/disadvantages).			X	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The MCH in collaboration with the Health Education and Promotion, Core Community and the Breast Feeding Policy Committee continue to develop and distribute educaitonal materials,

provide nutrition counseling during prenatal clinics, conduct presentations during prenatal clinics and the maternity ward with mothers, and continue health promotion outreach in the communities and through mass media. Staff in the Health Education continue to provide information on breast feeding issueson a weekly regular radio program.

c. Plan for the Coming Year

2005 Annual Performance Objective: 80% in early postpartum
Planned Activities: The MCH will continue to collaborate with the Health Education and Promotion Unit, Core Communittee and the Breast Feeding Policy Committee in development of educational materials, and will continue to provide nutrition counseling during prenatal clinics. Also, continue to conduct presentation during prenatal clinics and at the maternaity ward with mothers. The MCH program will continue health promotion outreach in the communities and through mass media. Breast Feeding ploicy will be remined and discuss with members of the Community Leaders Committee during community outreach and during training in the the urban centers. Staff in the Health Education will continue to discuss breast feeding on the a weekly health education radio program.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0.0	0.0	0.0	0.0	0.0
Annual Indicator	NaN	NaN	13.4	13.1	11.4
Numerator	0	0	187	208	172
Denominator	0	0	1392	1592	1512
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	20	25	30	35	40

Notes - 2002

There is no data collection for this Performance Measure since the newborns screening for hearing impariment before hospital discharge is not performed.

Notes - 2003

This NPM is not applicalbe to the RMI since is not performed.

Notes - 2004

For 2004, data reported here has been estimated since rountine hearing new born screening is not actural performed.

a. Last Year's Accomplishments

This is not applicable to the RMI since screening for hearing impartment is not conducted in the hospitals.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Teach parents on how to identify babies at risk of heaving hearing discharge.				X
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

This performance is not applicable to the RMI since screening for hearing impairment is not conducted in the hospitals.

c. Plan for the Coming Year

This National Performance Measure is not applicable to the RMI. The newborns are not screened for hearing impairment before hospital discharge.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	36951	31285	21859	22052	22281
Is the Data Provisional or Final?				Final	Final

	2005	2006	2007	2008	2009
Annual Performance Objective	0	0.0	0.0	0.0	0.0

Notes - 2002

The RMI health insurance policy covers all Marshallese.

a. Last Year's Accomplishments

Annual Performance Objective: 100%
Accomplishment: The RMI health insurance policy covers all Marshallese. Medical services are provided to all residents from the Ministry, which includes the two hospitals in the urban centers and the health centers in the outer atolls.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Contiue with the present activities concern.				X
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Ministry of Health continues to focus its efforts on screening of all children and have those children identified with special health care needs refer to the CSHCN program.

c. Plan for the Coming Year

2005 Annual Performance Objective: 100%
Planned Activities: The Ministry of Health will continue to focus on screening of all children in order to have the identified with special health care needs be referred to the CSHCN program.

Performance Measure 14: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004

Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	0	0	21859	22052	22281
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0	0	0	0	0

Notes - 2002

The RMI does not have Medicaid Program.

Notes - 2003

This NPM is not applicable to the RMI since is not eligable for the NPM #14.

Notes - 2004

The RMI does not eligible for Medicaid.

a. Last Year's Accomplishments

This is not applicable to the RMI since there is not Medicaid Program.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. This is not applicable to the RMI since we do not have Medicaid				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

This Performance Measure is not applicable to the RMI since the RMI is not eligible for the Medicaid Program.

c. Plan for the Coming Year

This Performance Measure is not applicable to the RMI since the RMI is not eligible for the Medicaid Program.

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0.9	0.9	0.9	9	9
Annual Indicator	1.4	1.4	14.3	14.4	12.4
Numerator	15	21	199	229	188
Denominator	1103	1531	1392	1592	1512
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	8	7	8	8	9

a. Last Year's Accomplishments

Annual Performance Objective: 0% of live births
Accomplishment: Very Low birth Weigh infants, infants weighing less than 1,500 grams. For FY'03, data has shown improvement with the percentage slightly lower of 1.19% compared to FY'01 of 1.35% of Very Low Birth Weigh. Eventhough data shows that it is around 0.16% decreased in VLBW, there is still a need to focus on strategies to modify the behavior and lifestyles of expantant mothers.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue the present activities with improving the pregnancy outcome.	X			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The MCH/CSHCN program collaborate with all programs in the Bureau of Primary Health Care disceminate educational materials on MCH, utilize mass media, community outreach, training for community awareness of MCH. Nutrition counseling is being provided during prenatal care, and close monitoring of high risk pregnant mothers has being implemented with the zoneal nurses. The objective is not to increase the percent of low birth weigh births.

c. Plan for the Coming Year

The MCH/CSHCN program collaborate with all programs in the Bureau of Primary Health Care disceminate educational materials on MCH, utilize mass media, community outreach, training for community awareness of MCH. Nutrition counseling is being provided during prenatal care, and close monitoring of high risk pregnant mothers has being implemented with the zoneal nurses. The objective is not to increase the percent of low birth weigh births.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	15	15	20	15	15
Annual Indicator	38.2	30.7	82.5	26.8	133.3
Numerator	3	2	6	2	10
Denominator	7862	6507	7276	7454	7501
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	9	9	8	8	5

Notes - 2003

There were 17 documented complete suicide cases for the RMI for FY 2003. Out of this number only 2 for 15-19 age group, there more among the older ages.

a. Last Year's Accomplishments

Accomplishment: There were only 2 documents completed suicides in this age group (15-17 years old respectively) in 2003 compare to 2002 which was also 2 document completed suicides in the same age group. There were 11 document completed suicides in this age (15-25 years old respectively)in 2003 compare to 2002, there were 6 document completed suicides in this age group. It has been long recognized that alcohol and other forms of substance abuse increasing that most of these completed suicide cases have been related to alochol abuse. Health education and promotion compaigns on mental health and suicide prevention have been expanded to the schools and community groups such as the churches, and youth groups.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increase with present activities such as teaching the public especially this of.		X		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Follow-up with participants to the National Suicide Prevention training to conduct needs assessments on activities pertaining to suicides. Health Education and the program on Alcohol and Substance Abuse Prevention conduct training with youths, community groups. Educational issues is being provided through radio program and interview on alcohol, substance abuse and suicides. Close monitoring and evaluation on the rate of suicides in each community is being through the year in order to meet the needs of each community.

c. Plan for the Coming Year

2005 Annula Performance Measure: 50% decrease from the current rate
Planned Activities: The MCH program will put efforts in collaborting with the Division of Human Services to follow-up with participants of the National Suicide Prevention training to conduct needs assessments on activities pertaining to suicides. The Health Education and the program on Alcohol and Substantce will collaborate to conduct more trainings with youth groups, community groups, parents, church groups, and the schools. More educational materials will be developed and the media will be utilized more in radio spots, radio programs and interviews on alcohol, substance abuse and suicides prevention. Close monitoring and evaluation on the rate of suicides in each community will be expanded throughout the year in order to meet the needs of each community.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0

Annual Indicator	NaN	NaN	1.6	1.2	0.9
Numerator	0	0	22	19	13
Denominator	0	0	1392	1592	1512
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0	0	0	0	0

Notes - 2002

There are no facilities capable of providing specialized services for very low birth weight infants in the RMI.

Notes - 2003

This is not applicable to the RMI since there is no facilities for high deliveries and neonates.

Notes - 2004

This is an estimated since the RMI does not have any infants
facilities for high risk deliveries and neonates.

a. Last Year's Accomplishments

Accomplishment: This National Performance Measure is not applicable to the RMI since there are no facitities capable of providing specialized services for very low birth weigh infants.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. Continue with present care .	**X**			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

This particular measure is not applicable since there are no health facilities for high risk deliveries and care management in the RMI.

c. Plan for the Coming Year

This performance measure is not applicable since there are no health facilities for high-risk deliveries and care management in the RMI.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures *[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]*					
Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective	50	55	57	60	62
Annual Indicator	40.8	29.3	63.9	27.3	32.0
Numerator	450	449	799	432	325
Denominator	1103	1531	1251	1584	1015
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	45	50	55	60	65

Notes - 2003

This data is for Majuro clinics only.

Notes - 2004

This shown for 2004 is based on Majuro clinics only.

a. Last Year's Accomplishments

Accomplishment: This performance measure was not met. During FY'03 is comparatively less than previous year (FY'02 was 63.4%)for the first trimester. The percent of first visit to the prenatal clinic during the second trimester is high at 44% percent compare to 28 percent during the first trimester. Getting the pregnant mother for prenatal during the first trimester remains a challenge. The Comprehensive Perinatal Care Program remains to a core priority of the bureau as reflected in the activities including the aggresive health education and promotion campaigns on the importance of perinatal care.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Contiuing with educating the teenagers on issues concerning the importance of early entry into prenatal care.		**X**		
2.				
3.				
4.				
5.				

6.				
7.				
8.				
9.				
10.				

b. Current Activities

Health Education and Promotion Unit Program remains to a Core Committee in providing health promotion activities on community awareness. The nurses continue to provide community outreach with the traditional leaders to follow-up with pregnant mothers at home who have not come in for prenatal care. Coordination with traditional leaders to inform their people to access prenatal care, espically during the first trimester. On going education program campaigns on the radio, newspaper on prenatal care. Delivery in the hospital fee is being inform by the hospital staff during their first trimester as an incentive.

c. Plan for the Coming Year

Planned Activities: The Health Education and Promotion Unit in collaboration with the zonal nurses and Core Committee will intersify their health promotion activities on community awareness. Nurses will be providing more outreach into the community with the

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: *Percentage of mothers who receive nutrition and family planning counseling during prenatal care*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	1103	1531	1251	1584	1512
Denominator	1103	1531	1251	1584	1512
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	100	100	100	100	100

a. Last Year's Accomplishments

Annual Performance Objective: 90% of pregnant women during the first booking/entry into prenatal care.
Accomplishment: During FY 2004, this objective was met. All pregrant women who enter into

prenatal for the first booking/registration receive counseling on nutrition and family planning. Counseling and registation on nutrition and family planning are also being provided in the follow-up upon delivery and again when the mother comes back for postpartum clinic.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. In-service training in nurition and family planning for public helath nurses to be able to provide counseling for the MCH population.				X
2. Counceling on family planning/nutrition is also being provided during postpartum clinics.				X
3. Nutrition counseling is being provided for mothers attending prenatal clinics.				X
4. One person from health education provides couseling on nutrition and family planning for women refer				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Current Activities: These activities are being carried out as routine part of the prenatal protocol, counseling on nutrition and family planning are provided for all prenant mothers attending prenatal clinics during first visit which is a part of the interview during booking/registration for entry into prenatal care. It is also provided in the follow-up upon delivery and again during postpartum.

c. Plan for the Coming Year

Performance Measure: 90%
Planned Activities: The nurses in Public Health will be up grade in skills through in-service in nurtition and family planning to be able to provide better counseling to all pregnant women who come to the prenatal clinics and the health zones. While it is anticipated that counseling on nutrition and will not be provided to all pregnant women in the outer atolls because of the cultural barriers. Plans are being develop to increase the coverage as much as possible. A protocol was implemented to ensure that pregnant women are counseled on nutrition and family planning for those referred from the prenatal clinic. Diabetes and hypertenson will also be added to the counseling schedule. In addition, counseling will no be primary limited to the first visit.

State Performance Measure 4: *Provide health education activities related to suicide prevention geared towards the 15 to 19 year old age group.*

Tracking Performance Measures *[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]*					

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	30	35	25	30	35
Annual Indicator	0.3	0.4	0.4	0.4	0.6
Numerator	20	23	26	28	36
Denominator	7778	7862	8040	8363	7501
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	40	45	50	55	60

a. Last Year's Accomplishments

Annual Perforamnce Measure: 25
Accomplishment: This State Performance Measure was met. There were 36 for FY 2004 compared to 28 for FY 2003 documented activities performed by the Division of Human Services, and the Adolescent Health Program in collaboration with Maternal and Child Health Program for Majuro, Ebeye, and outer atolls. Compare to the previous years activities, training on health issues including activities on suicide have increased. The Division of Human Services, in collaboration with otherprograms within the Ministry of Health and with other agencies, organized the training for the service providers on suicide prevention.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. Education/Public awareness utilizing a weekly radio program.			**X**	
2. Seminar in the community, with youth groups on issues concerning suicide prevention.		**X**		
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Currence Activities: Maintain an on-going training and seminar is provided to the community to increase the public awareness on issues on suicide prevention during outreach activities and an health education weekly program continues on a regular basis. The trainings and seminars

are being held for the youth groups, in both urban areas and the outer atolls.

c. Plan for the Coming Year

Performance Objective: 30%
Planned Activities: Through the RMI Interagency Council, the MCH/CSHCN will continue to conduct training for community leaders in developing community-based preventive programs on suicide, alcohol and substance abuse prevention, and mental health. Such programs will strengthen the network between the Ministry of Health and other agencies such as the Department of public Safety, Majuro Atoll Local Government, Ministry of Education, Women's Groups, and Churches. Health Education will take the initiative to collaborate with the Human Services Program in community outreach to target youths in the communities.

State Performance Measure 5: *Percentage of mothers who exclusively breast feed their infant during the 1st six months and continue for two years*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	100	100	90	95	98
Annual Indicator	97.9	97.1	85.8	96.6	97.4
Numerator	945	939	885	923	1394
Denominator	965	967	1031	955	1431
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	99	99	99	99	99

Notes - 2002

The data for FY2001, FY2002 are being estimated.

a. Last Year's Accomplishments

Annual Performance Objective: 90% of pregnant women during the first booking/entry into prenatal care.
Accomplishment: For FY 2004, the percentage of breastfeeding mothers who exclusively breast feed their infant during the 1st six months and continue for two years has increased to 97.4% compaired to FY 2003 which was 96.6%. All pregrant women who enter into prenatal for the first booking/registration receive counseling on nutrition and family planning, including the importance of breast feeding. The same activities are also carried through the pregnancy and contiue though postpartum clinic (6 weeks follow-up) after delivery.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Training for Community Health Councils on the Breast Feeding policy.			X	
2. The MOH Breast Feeding Committee monitors the activities in the Breast Feeding Policy to implement t			X	
3. Utilize the mass media to increase community awarenes on breast-feeding and its impact on child heal			X	
4. Develop and educational materials on breast feeding.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Current Activities: Counseling on the importance of breast feeding, nutrition and family planning are provided for all prenant mothers attending prenatal clinics during first visit which is a part of the interview during booking/registration for entry into prenatal care. It is also provided in the follow-up upon delivery and again during postpartum.

c. Plan for the Coming Year

Performance Measure: 90%
Planned Activities: The nurses in Public Health will be up grade in skills through in-service in nurtition and family planning to be able to provide better counseling to all pregnant women who come to the prenatal clinics and the health zones. While it is anticipated that counseling on nutrition and will not be provided to all pregnant women in the outer atolls because of the cultural barriers. Plans are being develop to increase the coverage as much as possible. A protocol was implemented to ensure that pregnant women are counseled on nutrition and famil planning for those referred from the prenatal clinic. Diabetes and hypertenson will also be added to the counseling schedule. In addition, counseling will no be primary limited to the first visit.

State Performance Measure 6: *Proportion of children who are identified and referred to the Children with Special Health Care Needs program*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	1	1	1	15	1
Annual Indicator	100.0	100.0	100.0	29.9	26.6

Numerator	145	181	185	79	96
Denominator	145	181	185	264	361
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	10	15	20	25	30

Notes - 2002

Data show here have been estimated.

a. Last Year's Accomplishments

Annual Performance Measure: 15%
Accomplishment: During the FY 2004, there were 96 children who have been identified and referred to MCH/CSHCN program while in 2003, there were 79 children (these 79 are new clients). The number of children 0-3 who were identified and referred to the program in FY'04 which is more than previous years. This is a good indication that there is an improvement in early identification and referral to receive MCC/CSHCN services. Compare to FY'02, there were 163 children under 21 years old, which 0-3 has been included.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Development of screening elementmechanism to identify child with special health care needs.	**X**			
2. Monitoring services as stated in the MCH protocol on CSHCN so that these children can be referred to	**X**			
3. On-site re-training for health care providers on issues concerning CSHCN	**X**			
4. Outreach activities such as home-vistits, zoneal, outer atoll trips screening for CSHCN and refer to	**X**			
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Current Activities: Screening for all new born at publi health clinics at six weeks after delivery to identify children with special health care needs. Referral from both Majuro, Ebeye hospitals, community on home deliveries, and the outer islnds to the MCH/CSHCN program on-going. Outreach activities are on-going while zone nurses visits the communities to provide primary health care services for those people who reside in these underlying communities. One example of the these activities, is identiify early signs of any kinds/types of condition in children that might lead to not being able perform in their normal daily life. These children are then

referred to the receive services from the MCH/CSHCN program.

c. Plan for the Coming Year

Annual Performance Objective: 1
Planned Activities: Develop and implement plans of activities for better data collection on screening to identify children with special health care needs. Continues to implement a data collection using computerized system for better monitoring, evaluation, and planning of future activities for the program.

State Performance Measure 7: *The number of women who are screened for cervical cancer.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	1	1	1	1	1
Annual Indicator	100.0	100.0	100.0	100.0	95.6
Numerator	1742	1444	1334	1431	1431
Denominator	1742	1444	1334	1431	1497
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	1	1	1	1	

a. Last Year's Accomplishments

Annual Performance Objective: Increased by 10
Accomplishment: In 2004, a total of.....1431 pap smears where taken. This is an improvement over the past, however, there is still a need to improve the services provided in this area, espically to do follow-up after the pap smears are done. Education on the importance of annual/regular pap-smear test, including on how to perform self-breast exams.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Outreach into the community, espically toward the women of childbearing age to educate them on cervi			X	
2. Educating the women of childbearing age on imporance of have pap smear annually.			X	

3. Provide pap smear screening, during prenatal 1st vists, outreach trips to the outer islands.			X	
4. Follow-up of client/women in the zones.			X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Current Activities: Taking pap smears during the first visit for all pregnant women attending prenatal clinics continues. Providing cancer screening during women's health clinics, and provide cancer screening during outreach visits to the outer islands by the public health teams. Activities in regard to educating the child-bearing women ages on issues concerning cancern in women, including cervical cancer are being carried out on all clinic sites.

c. Plan for the Coming Year

Performance Objective: Increase by 25%
Planned Activities: The MCH/CSHCN program will review its protocol on cancer screening paticularly on cancer of the uterus and cervix. Pap smear screening will be conducted to its implementation in all public health clinics during outreach clinics and trips to the outer atolls. All necessary supplies will be purchased for the screening. Identified women who will need follow-up will be referred to the zonal for follow-up.

State Performance Measure 8:

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective	NA	NA	NA	NA	NA
Annual Indicator	NA				
Numerator					
Denominator					
Is the Data Provisional or Final?					
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	NA				

a. Last Year's Accomplishments

Annual Performance Objective: 75% of school in urban center
accomplishment: The activity was reestablished toward the end of February for the 2001 school yeat with the addition of dental staff espically assigned to perform this activity in the schools. The dental staff started the dental services in Majruo for Elementary School grades 1,2,6, and 7 for the sealant program. Therefore, for 2001, there were School Dental Health Program was able to examed 1,762 students, 857 received sealants, and 2,588 students with teeth sealed. In compared to FY 2002, the program services documented 2,526 and 721 received sealants, while 637 exractions and filling of teeth. During the last quarter of 2002, the program services were expanded to include fluoride varnishing to children 1 to 3 years old with total of 86 given varnishes.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Dental services is on going in the schools.			X	
2. School Sealent Program for both public and private schools.			X	
3. Health Education is being provided during visiting the schools by dental staff, outreach to the scho			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Current Activities: Visiting the schools to provide dental screening and sercices. Provide sealent for the students, and referral and treatment at the Dental Clinics. Educating the students on "Oral Health" issues. Issues is also being dicussed during Primary Helath Care outreach activities where on dental staff is part of the team.

c. Plan for the Coming Year

Annual Performance Measure: 75%
Planned Activities: Expanded to include at least schools on the outer islands for children between ages 8 and 14. Partnership with the Marshall Islands Head Start Oral Program thru and Memorandum of Understanding (MOU) between the Ministry of Health and Ministry of Education.

State Performance Measure 9: *The percentage of high risk pregnant women who are identified and are referred to special prenatal services*

Tracking Performance Measures *[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]*					
Annual Objective and	**2000**	**2001**	**2002**	**2003**	**2004**

Performance Data					
Annual Performance Objective	35	35	40	45	50
Annual Indicator	100.0	15.2	11.2	25.4	17.7
Numerator	729	204	146	298	253
Denominator	729	1346	1309	1175	1431
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	55	60	60	70	75

a. Last Year's Accomplishments

Annual Performance Objective: 40% of pregnant women
Accomplishment: This State Performance Measure was met. A total of 1431 (this data is based on Majuro only) pregnant women were screened, and 253 out of this number were identified as high risk on the 1st visit to the prenatal clinics and were referred to additional prenatal services in collaboration with the hospitals. Improvement is still needed that the number of prenatal clinics have been not only increased from once a week to five days a week, but expansion of hours from 8:30am to 11:00 in the past to 8-11:30 in the morning. This is being done to allow the pregnant women for better excess to the MCH clinics.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. Screen/Identify of any high risk pregnant women during the 1st visits.				**X**
2. Public Awarenees mainly to focus on women of childbearing age on importance of early prenatal care.				**X**
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Current Activities: Collaboration of the Health Education and Promotion Unit disemination of educational materials on issues on MCH for community awareness activities and training. These educational materials, include, leaflets, posters, and booklets. The MCH and Health Education staff collaborate with training of Community Health Councils on activities on health promotion. Nurses are still working closely with the traditional leaders to help in informing

women to assess prenatal care during first trimester.

c. Plan for the Coming Year

Annual Performance Objective: 60%
Planned Activities: The MCH/CSHCNprogram will continue working with the Health Education and Promotion Unit in developing educational materials that are essential for community awareness activities and training. These educational materials will include, posters and blloklets, whihc will be disseminsted during community outreach program. Additionally, the Health Education and Promotion Unit staff will utilize health education radio to discuss MCH issues and to develop radio spots. During training with Community Leaders, the MCH and Health Education staff will include plans and activites on health promotion. The nurses will continue to work closley with the traditional leaders to help in informing
pregnant women to access early prenatal care in their first 3 month of pregnancy.

State Performance Measure 10: *Percentage of teenage (15 to 19) acceptors of modern contraception*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	20	25	30	35	40
Annual Indicator	11.3	3.7	1.3	3.0	7.5
Numerator	881	294	104	255	559
Denominator	7778	7862	8040	8363	7501
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	45	50	55	55	60

Notes - 2002

Data shown here are being estimated. Please, note that for FY2002, for SPM #10 data will be reported in the next reporting cycle.

a. Last Year's Accomplishments

Annual Performance Objective: 20% Accomplishment: This performance was not met. Although, this remains a challenge for the RMI, data has shown some improvement. For FY 2004,t he total number of teenager acceptors of modern contraception has increased from 171 while in FY 2003 itwas 168. Family Planning outreach activties still having shortage of staff and that makes it difficult to provide these services. Efforts have been taken to strenghten out the MCH/FP outreach activities with the limited staff with some assistance from the zone nurses. Even with this, the MCH program is in need for additional staff to support the program outreach activities, which includes F/P into the community.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Lecture on family planning issues is being provided during outreach to the schools, prenatal clinics				X
2. Health Educating Radio Program on a weekly basis on issues in health, including family planning.				X
3. Seminar for the youth groups, women's groups, church groups and the community leaders on family plan				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Current Activities: Promoting of family planning on modern contraception, the MCH is working closely with Family Planning, Health Education and Promotion office, the the Youth to Youth in Health program. On-going training on family planning issues, including culturally sensitive way of approach the community outreach actitities, and traditional leaders.

c. Plan for the Coming Year

Plan for the Coming Year:
Annual Performance Objective: 45%
Planned Activities: Promoting family planning to increase the number of modern contraception users, the MCH program will continue to work closely with Family Planning, Health Education and Promotion office, and the Youth to Youth in Health program. Plan of activities has been developed and coordinate with other public health outreach activities. The developed plan of activities, include an approach in a culturally sensitive way in collaboration with public health staff to assist the MCH program staff in clinical activities and with the help and support of traditional leaders, community outreach activities. RMI is recruiting three MCH nurses with at least A.S Degree in Nursing (2 female and 1 male) to work closely with FP nurses in providing the program a better services delivery throughout the Republic.

E. OTHER PROGRAM ACTIVITIES

The MCH/CSHCN Program is already a program a program area within Public Health. The nurses and medical staff in Public Health provide other preventive services in STD, family planning, non-communicable diseases, immunization,TB and leprosy as well. The MCH coordinator is member of the MOHE Core Committee which coordinate all community awareness activities. The MCH program is also a member of the RMI Interagency Council meets regularly to ensure continous services is provided to all CSHCN, both in school and those who are not. The Breast Feeding Policy Committee also actively work closely with the MCH program and services in community awareness activities on

nutrition and breast-feeding. The MCH program will participate fully in all community awareness and training programs preventive services to women, children, infants, youths and their families.

F. TECHNICAL ASSISTANCE

The MCH/CSHCN program will need TA in the areas specified in the the Form 15. There are weakness in the area of Needs Assessment, Data System Development and performance Indicators. TA is also essential in the evaluation for the CSHCN to ensure services provided and mechanisms for screening are implemented.

V. BUDGET NARRATIVE

A. EXPENDITURES

For FY 2004, the RMI spent 100% of its MCH funds. Fourty five percent of the total grant award is for personnel. Of the total funds for non-personnel, the RMI spent 25% on direct health care, 13% in enabling services and 7% on infracture building services. The allocation of the administration cost utilized 10% if its allocation.

B. BUDGET

Annual Budget and Budget Justification: The Block Grant funds will be used to provide and coordinate routine preventive and primary health care for mothers, infants, and children. The scope of these services includes prenatal care, including special high risk prenatal clinics; postpartum care; well baby care, including immunization; high risk pediatric clinics; school health programs; coordination of family planning services; and provision or coordination of care for children with special health care needs.

To identify children with special health care needs, initial screening of children will be perform by public health nurses at the Majuro and Ebeye Hospitals and by health assistants at the outer island dispensaries.

The Title V funding will be used to support the short term services of specialized consultants to work with children identified as having special health care needs. The specialist will be brought to the Marshall Islands to perform surgery on such children, that may include, plastic surgery and pediatric cardiology (these services are not available on island). The program will also arrange and pay for those children with special health care needs that may need to refer overseas for further medical care that are not available on island (the program pay plane tickets and stipend at while receiving medical care off islands for 2 weeks only, otherwise, the RMI Government will carry on the stay will require beyound two weeks).

Administrative Costs:

The RMI Government of has chosen to combine the administrative costs for all components of the project into a single comprehensive category for administering the block grant funds For the past decade, the RMI Government has consistently applied this approach to the administrative costs associated with the Maternal and Child Health Block Grant projects.

A. Personnel $ -0-
B. Fringe Benefits $ -0-
C. Travel $ 15,000
D. Equipment $ -0-
E. Supplies $ 4,000
F. Contractual Services $ 3,000
G. Other $ 2,208

A breakdown of the MCHB is provided here according to the three component of the grant Budget justification follows under.

Component A: Pregnant Women, Mothers and Infants $189,000
A. Personnel $ 69,168
B. Fringe benefits $ 5,580
C. Travel $ 16,000
D. Equipments $ 46,000
E. Supplies $ 52,000

Component B: Children & Adolescents $ 141,811
A. Personnel $ 54,125

B. Fringe benefits $ 4,330
C. Travel $ 25,000
D. Equipment $ 10,000
E. Supplies $ 19,900
F. Contractual Serv. $ 7,000
G. Others $ 3,000

Component C: Children with Special Health Care Needs $ 73,574
A. Personnel $ 14,700
B. Fringe Benefits $ 1,176
C. Travel $ 33,677
D. Equipment $ 7,600
E. Supplies $ 9,521
F. Contractual $ 6,900

Administrative Cost $ 25,249
MCH Budget(State Federal Allocation) $252,495

MCH Budget(Federal and State Block Grant Partnership) $441,867
Total budget for FY 2005 $1,614,891

3.1.1 Completion of Budget Forms

Detailed budget breakdowns are found in Forms 2,3,4,and 5

3.1.2 Other Requirements

For the FY 2004 budget, 48% is for salaries of personnel who provided direct services for the MCH/CSHCN program. There are 7 personnel under the MCH/CSHCN program. However, other health personnel in Public Health also provided direct health care services to the MCH population as well.

Although travel costs allocated account for 19% of the total budget for FY 2004, this allocation support the goals of the Ministry to improve preventive and primary health care services for the targeted outer islands population in MCH. Traveling within the Marshall Islands is necessary for personnel to provide health care services in support of the health assistants in the health centers. Furthermore, the identified CSHCN will need to travel to and from their own islands to the urban center for follow-up and further treatment and follow-up to Honolulu Shriners' Hospital for Children if necessary.

State Match

The total for the MCHBG application for FY 2005 is $252,495. This amount is based on the Marshall Islands' FY 1989 Maintenance of Effort Amount of 175,745. The State Match for the MCH grant application is $189,372.

Documentation of Fiscal Restrictions

The Republic of the Marshall Islands assures the Secretary of Health and Human Services that no more tha 10% of the Title V funds will be used for administrative cost for the MCH Block Grant. The total amount will be used by the MOH Administration to: 1) attend meeting that are conducted by the MCHB and other agencies with regards to the MCH Programs and Services, 2) purchase supplies that are needed for administrative support of the MCH services such as office supplies, stamps, and other means to support communication between the funding agencies and the MOH, and 3) contractual services that are needed for the regular maintenance of office equipment used by the MOH Administration.

VI. REPORTING FORMS-GENERAL INFORMATION

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. GLOSSARY

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. TECHNICAL NOTE

Please refer to Section IX of the Guidance.

X. APPENDICES AND STATE SUPPORTING DOCUMENTS

A. NEEDS ASSESSMENT

Please refer to Section II attachments, if provided.

B. ALL REPORTING FORMS

Please refer to Forms 2-21 completed as part of the online application.

C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS

Please refer to Section III, C "Organizational Structure".

D. ANNUAL REPORT DATA

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.